

## Appendix G

| <b>Appendix G - Program Staff List</b>   |                                   |   |  |   |   |  |       |
|--|-----------------------------------|---|--|---|---|--|-------|
| <b>New Hampshire Department of Health and Human Services</b>   |                                   |   |  |   |   |  |       |
| <b>COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR</b>  |                                   |   |  |   |   |  |       |
| <b>Proposal Agency Name:</b> _____   |                                   |   |  |   |   |  |       |
| <b>Program:</b> _____  |                                   |   |  |   |   |  |       |
| <b>Budget Period:</b> _____  |                                   |   |  |   |   |  |       |
|  |                                   |   |  |   |   |  |       |
| A  | B                                 | C   | D  | E   | F                                       | G  | H     |
| Position Title   | Current Individual<br>in Position | Projected<br>Hrly Rate<br>as of 1st<br>Day of<br>Budget<br>Period | Hours per<br>Week<br>dedicated<br>to this<br>program | Amnt<br>Funded<br>by this<br>program<br>for<br>Budget<br>Period | Total<br>Salary for<br>Budget<br>Period | % of Salary<br>Funded by<br>this program | Site* |
| Example:   |                                   |   |  |   |   |  |       |
| Program Coordinator  | Sandra Smith                      | \$21.00   | 40   | \$13,680  | \$43,680                                | 31%                                      |       |
| Administrative Salaries  |                                   |   |  |   |   |  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
| Total Admin. Salaries  |                                   |   |  | \$0   | \$0                                     | #DIV/0!                                  |       |
| Direct Service Salaries  |                                   |   |  |   |   |  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
|  |                                   |   |  |   |   | #DIV/0!                                  |       |
| Total Direct Salaries  |                                   |   |  | \$0   | \$0                                     | #DIV/0!                                  |       |
| Total Salaries by Program  |                                   |   |  | \$0.00  | \$0.00                                  | #DIV/0!                                  |       |
| <b>Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.</b> |                                   |   |  |   |   |  |       |
| *Please list which site(s) each staff member works at, if your agency has multiple sites.  |                                   |   |  |   |   |  |       |